

**Dinuba Unified School District
Materials and Supplies Reimbursement Form**

Name of Claimant	Site	Department	
Mailing Address		Phone Number	
Purchase Date	Store/Location where item(s) were purchased	Amount of purchase	Reason/Purpose for the purchase
TOTAL EXPENSE CLAIM			

**** ALL ORIGINAL ITEMIZED RECEIPTS MUST BE ATTACHED SHOWING SOURCE OF PAYMENT ****

A COMPLETE BUDGET NUMBER IS REQUIRED BEFORE YOUR REIMBURSEMENT WILL BE PROCESSED

.....
Employee Signature

.....
Date

.....
Director/Principal Signature

.....
Date

.....
Chief Business Official

.....
Date

*Please allow two weeks for your claim to be processed. If you have any questions please send an email to:
accountspayable@dinuba.k12.ca.us*

For Office Use Only

	<i>Date Received</i>	<i>Approved Reimbursement Amount</i>